



EXPRESS MAIL

UNITED STATES POSTAL SERVICE®



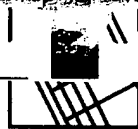
EXPRESS MAIL

UNITED STATES POSTAL SERVICE

CORPORATE ACCOUNT

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HOW TO



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Address Label
Label 11-F, 1-10-2004



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)				DELIVERY (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery	Postage		Delivery Attempt	Time	Employee Signature	
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Del. Day	\$		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee		Delivery Attempt	Time	Employee Signature	
Mo. Day Year	Month Day	\$		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	Scheduled Time of Delivery	COD Fee	Insurance Fee	Delivery Date	Time	Employee Signature	
Time Accepted	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$	\$	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Flat Rate <input type="checkbox"/> or Weight	Military	Total Postage & Fees					
lbs. ozs.	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	\$					
	Int'l Alpha Country Code	Acceptance Emp. Initials					

CUSTOMER USE ONLY	
METHOD OF PAYMENT:	
Express Mail Corporate Acct. No.	
Fedex Agency Acct. No. or Postal Service Acct. No.	

FROM: (PLEASE PRINT)	
PHONE ()	

TO: (PLEASE PRINT)	
PHONE ()	

EXPRESS MAIL LABEL DATE IN	
any	

Best Available Copy

7/12/05

USPTO MAIL CENTER

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Attorney Docket No.: ARC-00-0040-US1

Certificate of Mailing under 37 CFR 1.10

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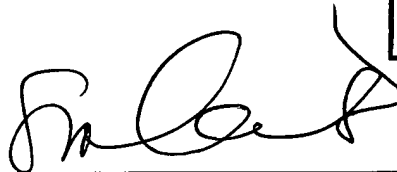
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Signature

Samuel A. Kassatly

Typed or printed name of person signing Certificate

32,247
Registration Number, if applicable


408-323-5111
Telephone Number

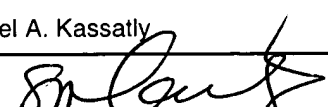
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/611,934
	Filing Date	07/07/2000
	First Named Inventor	Gal Ashour et al.
	Art Unit	3621
	Examiner Name	Pierre E. Elisca
Total Number of Pages in This Submission	Attorney Docket Number	ARC-00-0040-US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Revoke <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Assignment Recordation documents <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Certificate of Transmission by Express Mail 2) Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Samuel A. Kassatly
Signature	
Date	07/12/2005

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Date	07/12/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1,000.00**Complete if Known**

Application Number	09/611,934
Filing Date	07/07/2000
First Named Inventor	Gal Ashour et al.
Examiner Name	Pierre E. Elisca
Art Unit	3621
Attorney Docket No.	ARC-00-0040-US1

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: No. 09-0441 Deposit Account Name: International Business Machines
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
- 20 or HP = <u>0</u> x <u>50</u> = <u>0</u>		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
- 3 or HP = <u>0</u> x <u>200</u> = <u>0</u>		
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
<u>360</u>	<u>0</u>	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	0

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal + Appeal Brief (41.20(b)(1) and (2))**Fees Paid (\$)**

0

1,000

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 32,247	Telephone 408-323-5111
Name (Print/Type)	Samuel A. Kassatly		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the applicant who will file an application with the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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